

THE URBAN DISTRICT OF DISS

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND THE  
PUBLIC HEALTH INSPECTOR FOR THE YEAR 1957.



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PUBLIC HEALTH COMMITTEE 1957/58.

Chairman:- Councillor Dr. I.C.B. Pearce.

Councillor	H.H.W.Cannell <sup>z</sup>	Councillor	R.Fox
"	R.C.Bolingbroke <sup>x</sup>	"	E.Owen
"	C.Denny	"	A.E.Turner

<sup>z</sup> Chairman of the Council.

<sup>x</sup> Vice Chairman of the Council.

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## THE URBAN DISTRICT OF DISS

The Annual Report of the Medical Officer of Health, together with the Annual Report of the Public Health Inspector.

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Mr. Chairman, and Gentlemen,

I have the honour to present my Annual Report for the year 1957. The introduction which follows draws attention to matters of particular interest in the field of public health during the year under review.

### I. Introduction

(a) Local Health. The Health of the district continued to remain very satisfactory. The estimated population for 1957 was 3,590. The birth rate was higher than that of England and Wales and the death rate lower; the infant mortality rate was nil. Communicable diseases did not present any serious problem.

(b) Poliomyelitis Vaccination. The immunisation campaign against paralytic poliomyelitis began in 1956 when, owing to limited supplies of vaccine, it was possible to immunise no more than 10% of the children registered for vaccination. In 1957 there was sufficient vaccine to immunise the remaining 90% of registered children. Public confidence in the vaccine appears to have been established early in 1957 since when there has been a continuous demand for the protection which this vaccine affords.

(c) Asian Influenza. Some apprehension was caused by the prospect of Asian influenza spreading to England via the continent of Europe and a vaccine was prepared in advance to give protection to those whose need was greatest. Fortunately the distribution and severity of this disease, once established in the country, was not considerable.

(d) Tuberculosis vaccination (B.C.G.). The scheme for the protection of school-leavers against tuberculosis by means of the B.C.G. (bacillus Calmette Guerin) vaccine was extended to cover the senior county schools in Area 5. This vaccination is also offered to children (who have not acquired protection) in a family in which a case of tuberculosis occurs. The appearance of the immunising needle is rapidly becoming a normal feature in the life of a child; but the child takes the mystery of modern science most philosophically. A wide-eyed five-year-old girl chatting to the doctor who was about to give her a first "polio" injection pointed to a small scar on her arm and said, "Not in here, please doctor, that's where I have my B.B.C." (Perhaps she might tell you that her "B.B.C." protects her against "T.V."!).

(e) Hazards of Radiation. Radioactivity is the new environmental hazard of our times and considerable attention has been given to the public health importance of possible increases in the level of background radiation. In 1956 measurements of radio strontium (the dangerous long lived radioactive element) in

various parts of the country were taken by the United Kingdom Atomic Energy Authority and details of the results were published in "Radio strontium in Soil, Grass, Milk and Bone in the United Kingdom - 1956 Results". It is of interest to note that Norwich appears as one of the thirteen sampling stations in the United Kingdom. In the same year the Medical Research Council, at the request of the Prime Minister, published, "The Hazards to Man of Nuclear and Allied Radiations". The main conclusion of the report is that "adequate justification should be required for the employment of any source of ionizing radiation on however small a scale". The present position is that the Medical Research Council, before reporting further, will wish to consider the report of the United Nations Scientific Committee on the "effects of Atomic Radiation" after this has been presented to the General Assembly of the United Nations.

(f) Fluoridation of Water Supplies. Fluoridation of water supplies has been called the major public health issue of this decade. It is a subject which has aroused far greater passions than the controversies over smoking and lung cancer or the safety of the poliomyelitis vaccine. One line of attack is that "mass medication is immoral"; fluoride is "a poison" and its use "unethical". Councillors, we are told, have been hooted at in the streets and lost their seats over the fluoridation issue; public health officials have been accused of using fluoridation to seize more power and of not being at all interested in children's teeth. The controversy rose to fever-pitch in certain areas when the Government decided in 1955 to introduce four demonstration pilot schemes in the United Kingdom i.e. at Andover, Watford, Kilmarnock and Anglesey. With the exception of Andover these projects are continuing to operate in spite of strong opposition particularly from Anti-Fluoridation Committees. This is the position in spite of the pronouncements of the British Medical Association, the British Dental Association, the Royal College of Surgeons, the Medical Research Council and the World Health Organisation. All of these have spoken in favour of fluoridation, declaring it to be beneficial and absolutely safe.

Of considerable interest is the fact that the Andover Anti-Fluoride Association had a writ served on the borough council for an action to be heard in the High Court which sought to establish that the addition of fluoride to the town's water supply was "ultra vires", contrary to the law, and of no effect. However, Andover borough council has now adopted its public health committee's recommendation to stop the addition of sodium fluoride to the town's water supply immediately - two years after the project was begun. It may be presumed that the high pressure propaganda of the opponents of fluoridation has had its affect in and outside the council.

As we await the outcome of the fluoride battle there is interest in contemplating the fact that the widespread practice of purifying water with chlorine or, simpler still, the habit of putting salt in the soup might very well be classed as "unethical" or "immoral" by those who are ardent anti-fluoridationists; for both these beneficial additions to diet will, if taken in excess, produce the direct consequences. The fact remains that at the present time thirty million people in the United States and half-a-million people in Canada are now consuming water to which fluoride has been added and fluoridation has been introduced in Australia, Belgium, Brazil, Chile, Colombia, Germany, Holland, Japan, New Zealand, Singapore, and Sweden.

Meanwhile the water supply of the Diss area flows fully medicated (1 part per million) with natural fluoride without a murmur of protest.



(g) A Few Facts about Lung Cancer.

1. In 1955 the incidence of lung cancer in the United Kingdom was double that for 1945.
2. There is a steady increase of lung cancer deaths of approximately 1000 per year.
3. Among males 1 in 18 deaths are due to lung cancer.
4. Among females 1 in 103 deaths are due to lung cancer. The rate is now rising steadily.
5. Among non-smokers 1 in 300 deaths are due to lung cancer.
6. Among heavy smokers 1 in 8 deaths are due to lung cancer.
7. Cancer of the lung is commoner in towns than in the country in both smokers and non-smokers.
8. The incidence of lung cancer is twice as great in London as in the country. Non-smokers in Liverpool show eight times the incidence of non-smokers in the country.
9. Mortality is lower among those who give up smoking.
10. The position of lung cancer amongst the chief "killers" in Diss District during 1957 is as follows:-

Total Deaths	42
Heart diseases and diseases of the circulation.	19
All Cancers.	10
Pneumonia.	3
Cancer of the Lung.	2

(h) Infant Deaths

The infant death rate in England and Wales has steadily declined year by year. It is now 23 per 1000 live births. Further improvement is still possible judging by the rates in certain other countries; for example, Australia, New Zealand, Netherlands and Sweden all have rates lower than that of England and Wales. For purposes of comparison the 1956 rates of certain countries are shown as follows (all are declining):-

England and Wales	24	U.S.A.	26
Italy	48	Australia.	22
Germany (Fed. Republic)	38	New Zealand.	19
Irish Republic.	36	The Netherlands.	19
France.	36	Sweden.	17

(i) Perinatal Deaths

In 1956 in England and Wales there were 18,300 still births and 11,500 deaths in the first week of life. These two figures added together constitute the "perinatal deaths", and work out at approximately 30,000. The main interest of this figure is that it does not fall much from year to year. For this reason the National Birthday Trust Fund has set up a Committee which has organised a nation wide survey in order to obtain information which should throw light on the cause of perinatal mortality. For the purposes of this survey all still births and deaths of infants under the age of 28 days are being investigated over a given period of time.

## II. Administration

Mr.I.C.Prowse, Public Health Inspector, resigned in April and was succeeded by Mr.D.E.Coldham, C.S.I.B., who continued in this post for the remainder of the year.

Clerical assistance for your Medical Officer of Health was carried out by the Senior Clerk and Staff at the Local Health Office, Norwich.

## III. Vital Statistics.

### (a) Population

The Registrar General estimates the 1957 population of Diss Urban District at 3,590 the same as in 1956.

### (b) Births

There were 64 live births recorded during the year: 38 boys and 26 girls. In 1956 there were 53 births. The crude birth rate was, therefore, 17.8 per 1000 of the resident population compared with 14.8 in 1956.

### (c) Deaths

The number of deaths during the year was 42 and the crude death rate was, therefore, 11.7 compared with 12.3 in 1956. 19 deaths were caused by diseases of the heart and circulatory system; there were 10 deaths from cancer (2 from lung cancer - all males). There were no deaths from motor vehicle accidents. 31 of the 42 deaths occurred between the ages of 70 and 90. There were only 2 deaths under the age of 40 years.

### (d) Comparability Factor

The comparability factor makes an approximate allowance for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. Allowing for this factor the adjusted birth rate for ~~Depwade~~ <sup>Diss</sup> District thus becomes 18.5 compared with 16.1 for England and Wales and the death rate 9.9 compared with 11.5 for England and Wales.

### (e) Infant Mortality

There were no infant deaths during 1957. During the past four years (1954/57) there have been 231 births in Diss U.D. and only one infant death - an excellent record. The infant mortality rate (deaths under one year of age per 1000 live births) of England and Wales for 1957 was 23.0 (a new low record).

### (f) Expectation of Life (England and Wales)

The following tables shows the average expectation of life of the new born child for different periods since 1841. There has been little change in the position in the past few years.

Expectation of Life at Birth

Year	Male	Female
1841	40	42
1871-80	41	45
1910-12	52	55
1930-32	59	63
1953	67	72
1954	68	73
1955	68	73
1956	68	73

#### IV. Notifiable Infectious Diseases.

(a) 166 cases of infectious diseases were notified by general practitioners during 1957. Measles accounted for 141 of these notifications and 22 were whooping cough. The only additional notifications were two of scarlet fever and one of dysentery.

#### (b) Diphtheria

The position with regard to diphtheria in England and Wales is illustrated as follows:-

Year	Cases	Deaths
Annual Average 1933/1942	55,125	2,783
1949	1,890	84
1953	266	23
1955	155	13
1956	53	8

Although immunisation work increased during the year (additional poliomyelitis and tuberculosis vaccination) diphtheria immunisation was maintained at a satisfactory level. In Area 5 (Districts of Diss, Depwade, Loddon and Wymondham) 1,350 immunisations were carried out. In 1956 1,610 immunisations were completed. The 1957 figures included 447 children under five years of age (347 under one year). Considering the births of the Area (533 births) this immunisation rate is reasonably good. 773 booster doses were given to school children.

#### (c) Poliomyelitis

In 1956 there were 3,200 notified cases of poliomyelitis in England and Wales with 137 deaths.

Vaccination of those children registered in 1956 was continued early in the year; all those registered in Area 5 were vaccinated with the exception of those whose parents withdrew consent, some who had left the district and others because of medical reasons, amounting to 93 children in all.

In May registration was extended to children born in 1955 and 1956 and later extended in December to children aged 6 months to 15 years, expectant mothers, medical practitioners and their households, ambulance and hospital staff. Limited supplies of vaccine did not permit vaccination of any of the new registrations during the year. These vaccinations are being carried out in 1958 and a full report on this extensive vaccination programme must await the Annual Report for 1958. Particulars of vaccinations carried out in 1956 and 1957 are shown in Table 18 in the statistical section appended to this report.

#### (d) Scarlet Fever

Only two cases were notified and these were of the mild type characteristic of present day infections.

#### (e) Dysentery

One case of the familiar Sonne type dysentery was notified. The usual precautions were taken to prevent spread of infection.



(f) Vaccination against Smallpox

43 children in the age group 0-4 years in Diss district were given primary vaccinations, most of these being in the first year of life. This is a satisfactory standard when compared with the rate for England and Wales as a whole (38%) and considering the fact that there were 64 births in the district, i.e. a vaccination rate of 67%.

(g) Tuberculosis

The important measures in the control of tuberculosis are isolation and treatment of the infectious person and the examination of his contacts. Skin testing for "positive reactors" and mass radiography are the methods in general use for case finding.

Children of school leaving age are particularly vulnerable to tubercular infection particularly those who leave rural life to work in factories and offices in the cities. For this reason the vaccination of school-leavers against tuberculosis (B.C.G.) was extended in 1957 and included Diss Secondary Modern School and Diss Grammar School. Only those children who as the result of a skin test show insufficient immunity to tuberculosis are vaccinated. These are the "negative reactors". The "positive reactors" are those whose skin test shows that they have been in contact with the disease. Such children and their relatives are invited to have a chest X-ray. Total results from the Diss Senior Schools were as follows:-

Number examined	148	Number vaccinated	94
Positive reactors	42	Number of positive reactors and relatives X-rayed.	111

No active cases were detected but one child showed a healed primary infection of a lung.

V. Cancer

There was little change in the yearly toll of cancer deaths; 2 deaths from lung cancer in males were recorded. During the past seven years there have been seven deaths from lung cancer - all males. Total cancer deaths in 1957 were 10; 5 women and 5 men.

Your Council has approved the recommendation by the Health Committee of the Norfolk County Council regarding the question of smoking and lung cancer which is as follows:

"(i) that the Council's medical, nursing and health visiting staff, shall include in normal health education programmes, reference to smoking, particularly heavy smoking, in relation to health in general and cancer in particular, without undue over-emphasis;

(ii) that it is most important to ensure, as far as possible, that young people do not acquire the smoking habit. In this connection an approach has been made to the Chief Education Officer with a view to the teaching staff issuing the necessary advice to school leavers".



VI. Housing

As in 1956, financial restrictions imposed on Council building delayed progress in new housing schemes. However, the building of four flats and one bungalow was completed. Seven demolitions were carried out and two closing orders were made. The fact that there are still 137 applicants for Council dwellings is an indication of the need for urgent action in planning new building proposals.

The provision of suitable dwellings for the elderly is receiving increasing attention. In 1955 dwellings provided by local authorities for the elderly amounted to 10% of the total. This increased to 10.6% in 1956 and in 1957 rose to nearly 16%.

VII. Water Supplies

From the waterworks at Louie's Lane, filtered, softened and chlorinated water is supplied to the district. Bacteriological and chemical analyses continued to give satisfactory results throughout the year. Diss water is naturally medicated with sodium fluoride to the extent considered necessary for the growth of healthy teeth, i.e. one part of sodium fluoride per million parts of water.

VIII. Sewage Disposal

Reference to sewage disposal is contained in the report of the Health Inspector attached to this report.

Useful progress was made during the year in the sewerage of the Victoria - Mission Road area.

IX. Health Education

The Obvious Overlooked

Mothers who are asked, "Why are you having your child vaccinated against poliomyelitis?" usually say, "To protect my child from a horrible disease". They can't think of a second good reason. Today most people realise that disease-causing germs do not arise spontaneously in air, drains or dust; they usually travel directly or indirectly from man to man. Consequently the fewer the cases the less the spread. The diphtheria immunisation rate in the United Kingdom is well below the ideal standard yet the disease has been almost eliminated as a result of mass immunisation. It is the action of thoughtful unselfish parents that has brought about a position where thousands of lives have been saved and the health of many thousands preserved. The opponents of mass immunisation must themselves have benefitted considerably from successful communal efforts to eliminate disease.

The second reason a mother can give is that her child once protected by vaccination is most unlikely to become the source of a spreading infection that can wreck the lives of others.

X. In conclusion I wish to thank the Chairman, the Clerk of the Council, and members of the Public Health Committee for their continued support and encouragement and for the efficient help given me by the Public Health Inspector and Council staff, and by the Clerical staff at the Health Office, Norwich.

I have the honour to be, Mr. Chairman, and Gentlemen,

Your obedient servant,

DISS URBAN DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres) including water.	3,628
Estimated Resident Population.	3,590
Rateable Value.	£41,045
Sum represented by a Penny Rate.	£166

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate.	38	26	64
Illegitimate.	-	-	-
Totals	38	26	64

Live Birth Rate per 1,000 of estimated Resident Population.

Diss Urban District	...	...	17.8
Area 5	...	...	13.3

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate.	1	-	1
Illegitimate.	-	-	-
Totals	1	-	1

Still Birth Rate per 1,000 total births.

Diss Urban District	...	...	15.4
Area 5	...	...	22.0

Table 4. DEATHS (All ages)

Male	Female	Total
18	24	42

Crude Death Rate per 1,000 of estimated Resident Population.

Diss Urban District	...	...	11.7
Area 5	...	...	11.1

Table 5. INFANT MORTALITY (Deaths of Infants under one year)

NIL

Infant Mortality per 1,000 Live Births.

Diss Urban District	...	...	0.0
Area 5	...	...	15.0

(Area 5 comprises Depwade & Loddon R.D's. and Diss & Wymondham U.D's.)

Table 6. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR - Diss U.D.

NIL

Table 7. CAUSE OF TOTAL DEATHS (Registrar-General) - Diss U.D.

Cause	Male	Female	Total
1. Tuberculosis, respiratory.	1	-	1
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infections.	-	-	-
7. Acute poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	-	1	1
11. Malignant neoplasm, lung, bronchus.	2	-	2
12. Malignant neoplasm, breast.	-	1	1
13. Malignant neoplasm, uterus.	-	-	-
14. Other malignant and lymphatic neoplasms.	3	3	6
15. Leukemia, Aleukemia.	-	2	2
16. Diabetes.	-	1	1
17. Vascular lesions of nervous system.	3	5	8
18. Coronary disease, angina.	1	4	5
19. Hypertension with heart disease.	-	-	-
20. Other heart diseases.	2	1	3
21. Other circulatory diseases.	2	1	3
22. Influenza.	-	-	-
23. Pneumonia.	1	2	3
24. Bronchitis.	-	-	-
25. Other diseases of respiratory system.	-	-	-
26. Ulcer of stomach and duodenum.	-	-	-
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	-	-	-
29. Hyperplasia of prostate.	1	-	1
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	-	-	-
32. Other defined and ill-defined diseases.	1	3	4
33. Motor vehicle accidents.	-	-	-
34. All other accidents.	1	-	1
35. Suicide.	-	-	-
36. Homicide and operations of war.	-	-	-
Totals	18	24	42



Table 8. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1957  
(According to Age Groups)

Diss U.D.	Males	Females	Total
Under 1 year	-	-	-
1 and under 5	-	-	-
5 " " 10	-	1	1
10 " " 20	-	-	-
20 " " 30	1	-	1
30 " " 40	-	-	-
40 " " 50	1	-	1
50 " " 60	1	3	4
60 " " 70	1	3	4
70 " " 80	9	9	18
80 " " 90	5	8	13
90 " " 100	-	-	-
100 and over	-	-	-
Total	18	24	42

Table 9. SUMMARY OF BIRTH AND DEATH RATES

	1950	1951	1952	1953	1954	1955	1956	1957
<u>Live Births (per 1,000 pop)</u>	(51)	(58)	(62)	(47)	(50)	(64)	(53)	(64)
Diss U.D.	14.0	16.8	17.8	13.4	14.1	17.8	14.8	17.8
Area 5.	14.9	15.4	15.6	14.3	13.4	14.3	14.2	13.3
England & Wales (Provisional)	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1
<u>Still Births (per 1,000 total births)</u>	(1)	(Nil)	(2)	(3)	(1)	(Nil)	(Nil)	(1)
Diss U.D.	19.2	0.0	31.2	60.0	19.7	0.0	0.0	15.4
Area 5.	23.0	26.8	28.0	17.1	26.0	20.8	23.7	22.0
England & Wales (Provisional)	(Not Published)		22.6	22.4	24.0	23.1	23.0	22.4
<u>Crude Deaths (per 1,000 pop)</u>	(50)	(55)	(49)	(44)	(45)	(34)	(44)	(42)
Diss U.D.	13.7	15.9	14.1	12.6	12.7	9.5	12.3	11.7
Area 5.	12.1	14.0	12.6	10.9	11.6	11.8	11.4	11.1
England & Wales (Provisional)	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5
<u>Infant Mortality (per 1,000 live births)</u>	(Nil)	(2)	(2)	(2)	(Nil)	(Nil)	(1)	(Nil)
Diss U.D.	0.0	34.5	32.2	42.5	0.0	0.0	18.9	0.0
Area 5.	14.5	27.5	28.8	34.8	7.1	19.0	20.8	15.0
England & Wales (Provisional)	29.8	29.6	27.0	26.8	25.5	24.9	23.8	23.0

NOTE: Figures in brackets are the actual numbers for Diss Urban District.

Table 10. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)  
(ACCORDING TO AGE GROUPS) - Diss U.D.

	Under 1	1-4 yrs	5-14 yrs	15-24 yrs	Over 25	Total
Scarlet Fever	-	1	1	-	-	2
Measles	2	51	87	-	1	141
Whooping Cough	3	9	9	-	1	22
Dysentery (Sonne)	-	-	-	-	1	1
Totals	5	61	97	-	3	166

Table 11. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)  
Diss U.D.

	Quarters				Total
	1st	2nd	3rd	4th	
Scarlet Fever.	-	-	-	2	2
Measles.	126	15	-	-	141
Whooping Cough.	-	2	12	8	22
Dysentery (Sonne)	-	-	1	-	1
Totals	126	17	13	10	166

Table 12. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)  
DURING LAST FIVE YEARS - Diss U.D.

	1953	1954	1955	1956	1957
Scarlet Fever.	-	1	-	1	2
Measles.	1	73	27	9	141
Whooping Cough.	4	3	27	9	22
Pneumonia.	-	3	5	1	-
Erysipelas.	-	1	-	-	-
Dysentery (Sonne).	-	-	-	-	1
Food Poisoning.	-	-	1	-	-
Polioomyelitis (Paralytic).	1	-	-	-	-
Totals	6	81	60	20	166

Table 13. TUBERCULOSIS (DETAILS OF NEW CASES DURING 1957) - Diss U.D.

N I L

Table 14. TUBERCULOSIS (NUMBER OF CASES ON T.B. REGISTER AS AT 31.12.57)  
Diss U.D.

	Males	Females	Total
Pulmonary	11	7	18
Non-Pulmonary	2	2	4
Total	13	9	22

Table 15. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS

Diss U.D.

		1953	1954	1955	1956	1957
Pulmonary	Male	-	1	-	3	-
	Female	1	2	1	-	-
Non-Pulmonary	Male	1	-	-	-	-
	Female	-	1	-	-	-
Total		2	4	1	3	-
Area 5	Total	24	25	13	17	18

Table 16. DISTRICTAL IMMUNISATION

The following is the number of notifications of primary and booster injections received during the last seven years in respect of Area 5.

	Primary Injections			Booster Injections		Total
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14	
1957	347	447	76	54	773	1,350
1956	390	523	130	62	886	1,610
1955	283	463	86	45	251	845
1954	237	486	171	26	983	1,666
1953	-	493	392	36	1,855	2,776
1952	-	371	95	15	598	1,070
1951	-	460	70	9	178	717

Table 17. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the years 1953 to 1957 resident in the District and Area 5, are shown in the following table.

	Diss U.D.					Area 5				
	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957
Number of live births registered.	47	50	64	53	64	574	560	577	576	533
Number of vaccinations recorded (0-4 years)	18	29	33	62	43	391	375	361	500	410
Percentage vaccinated.	38	58	51	100	67	68	67	62	87	77



Table 18. VACCINATION AGAINST POLIO MYELITIS

District	Eligible for Vaccination (i.e. Births 1947-1954)	Accepted	Accepted	Vaccinated. 1956.	Vaccinated. 1957.
Diss U.D.	400	105	25	11	87
Wynondhan U.D.	691	172	25	26	134
Depvade R.D.	2,263	713	31	59	615
Loddon R.D.	1,511	585	39	70	480
Total Area 5.	4,873	1,575	32	166	1,316

Table 19. DEATHS DUE TO CANCER - Diss U.D.

	1949	1950	1951	1952	1953	1954	1955	1956	1957
Number of deaths.	13	7	5	10	7	8	5	9	10
Percentage of total deaths.	20	14	9	20	16	17	14	20	23

Table 20. DEATHS DUE TO CANCER - Area 5

	1949	1950	1951	1952	1953	1954	1955	1956	1957
Number of deaths.	82	84	86	82	74	87	73	65	55
Percentage of total deaths.	16.8	17.3	15.3	16.3	16.9	18.5	15.2	14.0	12.4

Table 21. TOTAL CANCER AND LUNG CANCER DEATHS DURING LAST SEVEN YEARS  
Diss U.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1951	29	3	1	26	2	-
1952	24	7	2	25	3	-
1953	22	2	-	22	5	-
1954	20	2	-	25	6	-
1955	24	4	-	10	1	-
1956	20	5	2	24	4	-
1957	18	5	2	24	5	-
Totals	157	28	7	156	26	-



ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR

for the year 1957.

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SEWERAGE, CONSERVANCY AND DRAINAGE

The construction and maintenance of sewers and sewage disposal is the responsibility of the Council's Engineer.

It is regrettable that works of conversion from pail to water closets had to be prolonged because of defects in the new sewers at the Eastern end of the town, but these defects were satisfactorily remedied towards the end of the year, and an immediate approach was made to all owners regarding conversion. It is pleasing to report most owners expressed their willingness to connect at an early date and at the time of writing approximately 50% of the potential users have connected.

The contract for the clearance of night soil and cesspools, by Messrs. Tovey Transport Ltd., has continued satisfactorily and without serious complaint. The contract provided for the clearance of:-

213 pail closets weekly.

30 septic tanks, cesspools etc., twice yearly.

The clearance of night soil is always a costly item (equal to almost a 3d rate in the U.D.C.) and one which is not likely to decrease appreciably unless further new sewers are provided within the near future and expensive as mains sewerage is, it is an expense which soon must be considered for the further progress and development of the town. Recent development has shown that where private building is possible and desirable, septic tanks have to be resorted to, a thing not completely desirable in an Urban area.

WATER SUPPLIES

Mains Supply

This is the responsibility of the Council's Engineer. All samples submitted for bacteriological examination continued to give a result of "Highly satisfactory".

A sample was submitted for "Chemical" analysis and it is interesting to note that whilst a nationwide controversy rages as to whether or not fluorine should be added to mains supplies, that the residents of Diss have been drinking water containing fluorine for almost half a century.

Other Supplies

There was only one complaint of an unsatisfactory supply and the owner, on official recommendation, is installing a small domestic treatment plant.

It is worth recording that at least 80% of the residents in the U.D.C. now have a mains supply available consequently unsatisfactory supplies are rare.

Swimming Pool

The local swimming pool was purchased by your Council early in 1957 and samples submitted for examination have all proved satisfactory.



## REFUSE COLLECTION, DISPOSAL AND SALVAGE.

A weekly collection was maintained throughout the year, the number of bins emptied weekly being estimated at 1,415.

The quantity of refuse to be removed still increases yearly; moreso in bulk than in actual weight although the seasonal increase in ashes shows appreciably. Paper and metal containers form a considerable part of the total, showing the increasing tendency to pack consumables in non-returnable containers, a good sign of increasing food hygiene and prosperity but resulting in less easily disposed of refuse.

### Disposal

The problem of suitable sites for disposal is unfortunately an ever present one, becoming more and more difficult to solve. A series of small pits have become available with the kind co-operation of local farmers, and no major disposal problem should arise within the near future although within, perhaps, two years some permanent solution must be found.

It would appear that most farmers have pits they would prefer filled, particularly with the increased availability of mains water for stock purposes, but mainly due to misunderstandings as to the methods of tip control they decline permission to fill. Inaccessability of sites and proximity of dwellings tend to make two-thirds of available pits unsuitable but every opportunity is carefully investigated.

### Salvage

Salvage is still collected and baled but the drop to £3 per ton makes this service almost uneconomical, but a service which your Council feels bound to continue in the interests of hygiene.

## HOUSING

### Accommodation Available

There are some 1,313 dwellings within your Council's area of which 316 are owned and managed by the Council, and it is probably accurate to say that almost one-third of the population of Diss is housed in Council dwellings, a very satisfactory position. The number of new private dwellings built, usually by the owner/occupier, still increases steadily but with the seeming reluctance of Building Societies and businessmen to build new dwellings to rent it may well be that the Council are the only body capable of easing the present housing problem. The Council, should, I think, consider the re-introduction of the grant aided scheme under the Housing Act 1947, in an endeavour to bring further houses to a higher standard of fitness as present day costs of improvements tend to make owners reluctant to provide those additional facilities conducive to better health and hygiene.

### Slum Clearance

Five Council dwellings were completed during the year for rehousing those displaced by slum clearance but further progress in the programme was interrupted firstly by the lack of suitable sites and secondly by present day economic difficulties. Both problems now seem to be resolved and at the time of writing provisional Ministry approval for the construction of ten new dwellings has been received.

Undoubtedly building for "slum" rehousing will form the greater part of any building programme over the next few years particularly as present Government policy seems channelled in this direction.

### Overcrowding

There were no known cases of statutory overcrowding in the area although considered on the generally applied "bedroom standard" some cases require investigation.

## Rents Act 1957

This important new Act has undoubtedly helped solve many problems between tenant and landlord regarding repairs. Although only one approach was made to your Council for a "Certificate of Disrepair", many more cases must have been resolved without resorting to Council action.

Perhaps the main criticism of the Act is that your Council may only include on the "certificate" those items listed by the tenant, whereas in practice it is found that other equally important items are not included.

## FOOD AND DRUGS ACTS

### Food Hygiene Regulations 1956

Regular visits and inspections were made during the year and in those cases where contraventions were noted an informal approach was made to the owners and at the close of the year only two notices were outstanding.

It is noticeable that the countrywide publicity given to better Food Hygiene has done its work well, the modern housewife readily makes complaint where she feels improvements are necessary, both to the management and Public Health Department, and who more than the housewife is better qualified for this.

There is an increasing tendency for prepacking food but there is still room for advancement in this field and it is to be hoped that one day, in the not too distant future, legislation will require all prepacking of food which is capable of being dealt with in this way.

### Section 16. Food & Drugs Act 1955

7 premises for the manufacture and sale of sausages and preserved foods are registered under this section as are 17 premises selling ice-cream.

There is only one manufacturer of ice-cream in the area, carrying on a purely seasonal production.

All samples of ice-cream submitted for examination satisfied the required standards and no contraventions were recorded. With the increasing sales from large manufacturers sampling probably becomes less effective as almost every retailer of any one specified Brand within the area is supplied on the same day from the same consignment tending to make sampling less representative of the makers general standard.

### Section 9. Food & Drugs Act 1955

The following foodstuffs were examined and rejected as unfit for human consumption and voluntarily surrendered by retailers for disposal.

Tinned Meat	21 tins
" Fish	13 tins
" Fruit	9 tins
" Vegetables	27 tins
" Milk	13 tins
Fish	1 stone congers.
Forequarter Beef	4 lbs.
Prunes	24 lbs.
Cheese (Cheddar)	14 lbs.



## Meat Inspection

Meat inspection duties necessitate at least one or more daily visits to the privately owned slaughterhouse at Chapel Street. The total throughput has decreased almost 50% since the war, and further still at the cessation of Ministry control.

With the proposed introduction of legislation to ensure more hygienic and humane methods of slaughtering some alterations must be made to the existing arrangements. This raises the question of economic working and the increasing tendency to buy "off the hook" against the expenditure involved in improvements with a probable decline in local slaughtering.

Animals slaughtered were as follows, the other figures being for comparison only.

	Cattle	Pigs	Sheep	Calves	Total
1957	895	1,065	291	6	2,257
1954	999	2,450	1,698	323	5,470
1951	1,632	1,401	1,633	1,046	5,712

Meat and offal rejected as unfit was as follows, the whole of the rejected materials was sold for fertilizer manufacture.

1957	-	15 cwts.	1 qr.	22 lbs.
1954	7 tons	18 cwts.	0 qr.	5 lbs.
1951	17 tons	7 cwts.	0 qrs.	20 lbs.

It will be seen from these figures that although slaughterings have dropped 50% over the years, that there has been a correspondingly far greater decline in condemnations. This is a very satisfactory affair and is undoubtedly due to the increasing popularity of T.T. Attesting and increasing use of animal vaccinations, and further to rigid movement restrictions imposed on animals suspected of being diseased.

Tuberculosis still proves the greatest cause of condemnation but parasitic infections run a close second. Irish cattle are particularly prone to parasitic infections whilst tuberculosis of the respiratory and digestive tracts is more prevalent in "home-bred" cattle. The T.B. incidence in cattle will be considerably reduced in the near future with the proposed enforcement of T.T. Attesting for all beef and milk producing cattle.

## Milk & Dairies Regulations 1949

Licences issued under the Milk (Special Designations)

(Raw Milk) Regulations 1949 - 1954 - 7  
Principal dealers - 2      Supplementary dealers - 5

Licences issued under the Milk (Special Designations)

(Pastuerised & Sterilized) Regulations 1949 - 1950 - 8  
Principal dealers - 3      Supplementary dealers - 5



## PUBLIC HEALTH ACT 1936

### Section 75 (Provision of dustbins)

The scheme for the provision of dustbins on hire continued during the year and some 140 bins have now been issued. Property owners now seem to appreciate the economic advantages of this scheme and more and more requests are being received for bins.

### Section 53 (Filthy or verminous premises)

No filthy or verminous premises were observed during the year, again, further evidence of better hygiene in the home.

### Section 92 (Nuisances)

76 complaints of nuisances were received, of these 44 were justified and in each case informal written or verbal notices were issued, all being complied with except for two still outstanding at the end of the year. The remaining 32 were all complaints regarding items usually controlled by your Council, e.g. rodent infestations, defect dustbins etc.

### Section 167 (Disinfestation of premises, articles etc)

It was not necessary to carry out any disinfection during the year and only three visits were made in this connection.

### Section 269 (Movable dwellings)

Two sites for two and three caravans respectively were licenced during the year and there was no cause for complaint, each having suitable sanitary arrangements.

Finding suitable sites for moveable dwellings caused some concern during the year but your Council did not consider it necessary to provide any permanent standings whilst fully appreciating that the use of caravans as permanent dwellings has established itself quite firmly in the nation's housing scheme.

## CLEAN AIR ACT 1956

During the latter part of the year some sections of this Act became operative but only in so far as controlling smoke omissions from factories, colliery spoilbanks etc., but at the time of writing it has become applicable to all buildings including private dwellings.

Undoubtedly more and more stress will be placed upon this Act as it forms the next major step towards complete health and hygiene. Piped water, mains drainage, good housing and clean food are now everyday affairs but until the introduction of the Clean Air Act no rigid control over this problem had ever reached the statute book.

It is unlikely that the necessity to declare a "smokeless zone" will affect your Council's area for some time but undoubtedly when the industrial areas have progressed as far as possible towards "pure" air all Urban areas will have to receive consideration.

## AGRICULTURE (SAFETY, HEALTH & WELFARE PROVISIONS) ACT 1956

Here again, this new Act has aimed at a specific problem namely the betterment of health in agriculture. Your Council is the responsible authority for the enforcement of certain sanitary provisions of this Act and its implications in an area almost completely agricultural in nature.

The Act provides for the provision and maintenance of adequate sanitary conveniences on agricultural holdings, more particularly where seasonal gangs of mixed labour are employed picking fruit. Unfortunately, perhaps, although your Council is empowered to require the provision of sanitary conveniences the Ministry of Agriculture is empowered to require suitable washing facilities, two items very closely akin but controlled by different authorities.

No specific action has yet been taken under this Act as it is difficult to apply a universal standard and each case must be judged on its merits.

#### FACTORIES ACT 1937 - 1951

During the year 7 inspections were made specifically under the Act but a further 22 were made during visits for other purposes e.g. petroleum Acts.

No unsatisfactory conditions were found but two premises did not have "Certificates" of adequate means of escape in case of fire". In both cases structural works are being undertaken and the issue of certificates has been left until the completion of such works.

There are no known or notified outworkers employed in the area.

#### SHOPS ACT 1950

Under this Act your Council is responsible for the provision and maintenance of proper lighting, heating, ventilation and sanitary conveniences. No inspections were made specifically under the Act but the requirements were enforced whilst making inspections for other purposes e.g. Food Hygiene Regulations.

#### PETROLEUM ACTS 1928 - 1936

15 visits were made for the enforcement of these Acts and no contraventions were recorded.

Probably the most important step in this field was the introduction of the Petroleum (Conveyance by Road) Regulations, empowering your Council to require certain safety measures to be undertaken by petroleum wholesalers and retailers during conveyance and delivery of petroleum to licenced petroleum stores within your Council's area.

31 premises hold petroleum licences for approximately 90,000 gallons.

#### PETS ANIMALS ACT 1951

Only one premises was licenced under this Act and no contraventions were recorded.

#### GAME ACT 1831

Two premises are licenced under this Act and no contraventions were recorded.

#### RODENT CONTROL

Some difficulty was experienced during the early part of the year in obtaining the services of a trained rodent operator but with the co-operation of the Ministry of Agriculture it was possible to allow a member of the highways staff to attend a three-day course of

instruction and he has been carrying out his part-time duties very satisfactorily.

The annual sewer test was completed showing that town sewers are generally free from infestation.

#### CONCLUSION

I would take this opportunity to express my thanks and appreciation to members of the Council and all officers and staff for their interest, co-operation and so readily given assistance.

D.E.COLDHAM

Public Health Inspector.

Diss Urban District Council.





SUMMARY OF COMPLAINTS, NUISANCES ETC.

No. of complaints received	...	...	...	76
" " nuisances found	...	...	...	44
" " informal notices served (written or verbal)	...	...	...	44
" " informal notices complied with	...	...	...	42
" " formal notices served	...	...	...	Nil
" " formal notices complied with	...	...	...	Nil
" " outstanding notices	...	...	...	2

PRESCRIBED PARTICULARS REQUIRED BY  
SECTION 128 (3) FACTORIES ACT, 1937

1. Inspections for purposes as to health:-

Premises (1)	Number on Register. (2)	Inspect- ions. (3)	Number of Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	3	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	45	22	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises).	4	4	-	-
TOTAL	52	28	-	-

